

**Hotel / Motel Supplemental Application**  
(To be submitted with ACORD Applications)

1. **Applicant:** \_\_\_\_\_
2. **Website Address:** \_\_\_\_\_
3. **Operation:**    ☐ Hotel    ☐ Motel    ☐ Tourist Courts/Cabins    ☐ Resort    ☐ Dude Ranch  
  
                  ☐ Other (describe): \_\_\_\_\_
  - a. Number of years in business: \_\_\_\_\_
  - b. Insured's years of experience managing/operating hotels/motels: \_\_\_\_\_
  - c. Hours of operation: \_\_\_\_\_ Google rating: \_\_\_\_\_ stars    Yelp rating: \_\_\_\_\_ stars
  - d. Number of rooms: \_\_\_\_\_ Average room charge: \$ \_\_\_\_\_ Average occupancy rate: \_\_\_\_\_ %
  - e. Single unit cabins:    Number: \_\_\_\_\_ Percentage of total number of rooms: \_\_\_\_\_ %
  - f. Are there any exterior entrances to the guest rooms of the hotel/motel?    ☐ Yes    ☐ No
  - g. Room rental by the:    Hour: \_\_\_\_\_ %    Day \_\_\_\_\_ %    Week: \_\_\_\_\_ %    Month: \_\_\_\_\_ %  
                                  Other (describe): \_\_\_\_\_
  - h. Clientele:    Elderly: \_\_\_\_\_ %    Spring break crowd: \_\_\_\_\_ %    Resident Housing: \_\_\_\_\_ %
  - i. Is smoking allowed inside of rooms?    ☐ Yes    ☐ No
  - j. Is the hotel open year – round?    ☐ Yes    ☐ No  
If no, does owner or operator reside there year round or monitor the property regularly?    ☐ Yes    ☐ No  
Indicate months that hotel/motel does not operate: \_\_\_\_\_
  - k. Any area leased or rented to others?    ☐ Yes    ☐ No    If yes, to whom? \_\_\_\_\_
  - l. Description of operations in leased area: \_\_\_\_\_  
\_\_\_\_\_
4. **Franchise/National affiliation?**    ☐ Yes    ☐ No    If yes, with whom? \_\_\_\_\_
5. **Recommended by local Chamber of Commerce or American Automobile Association (AAA)?**    ☐ Yes    ☐ No

6. **Building information/protection:** Number of stories: \_\_\_\_\_ Construction: \_\_\_\_\_

- ☐ Central station fire alarm    ☐ Local fire alarm    ☐ Emergency lighting  
☐ Sprinklered    ☐ Peep holes    ☐ Deadbolt locks  
☐ Standpipes and hose    ☐ Guest rooms have smoke detectors    ☐ Non-slip surfaces in tubs/showers

If the building is sprinklered, is system under a service maintenance contract?    ☐ Yes    ☐ No

If yes, please provide name of vendor: \_\_\_\_\_

When was last inspection conducted? \_\_\_\_\_

Additional existing exposures:

Do you have your own laundry facilities?    ☐ Yes    ☐ No    If yes, how often are lint filters cleaned? \_\_\_\_\_

- ☐ Full kitchen    ☐ Kitchenette  
☐ Fireplace: Number: \_\_\_\_\_    ☐ Space heater(s): Number: \_\_\_\_\_  
☐ Pellet Stove Insert or Freestanding): Number: \_\_\_\_\_ Description: \_\_\_\_\_  
☐ Wood Stove (☐ Insert or ☐ Freestanding): Number: \_\_\_\_\_ Description: \_\_\_\_\_

7. **Annual gross sales for insured's and their concessionaire operations:**

| Operations   | Annual Gross Sales | Additional Information                |
|--|--------------------|---------------------------------------|
| Room rental  | \$ _____           |                                       |
| Convenience store                                  | \$ _____           | Number of stores: _____               |
| Food from restaurant                               | \$ _____           | Number of restaurants/lounges: _____  |
| Liquor from restaurant/lounge                      | \$ _____           |                                       |
| Conferences and conventions                        | \$ _____           | Maximum occupancy for premises: _____ |
| Health or swim club                                | \$ _____           | Number of members: _____              |
| Equipment rental (snowmobiles, boats, skis, etc.)  | \$ _____           | Type of equipment: _____              |
| Other: _____                                       | \$ _____           | Description of operations: _____      |
| <b>Total gross annual sales of above: \$ _____</b> |                    |                                       |

8. **Restaurant / Lounge (Complete if restaurant is on premises)**

1. Operated by Applicant?    ☐ Yes    ☐ No  
2. Operated by tenant?    ☐ Yes    ☐ No  
If tenant, certificates of insurance on file?    ☐ Yes    ☐ No

3. Type of restaurant:

- ☐ Family    ☐ Fine dining    ☐ Fast food    ☐ Sports bar    ☐ Cafeteria

4. Business Days: From: \_\_\_\_\_ ☐ am ☐ pm to \_\_\_\_\_ ☐ am ☐ pm
5. Food sales: \$ \_\_\_\_\_ Liquor sales: \$ \_\_\_\_\_ Total Sales: \$ \_\_\_\_\_
6. Catering or off premises food activities as percentage of total receipts: \$ \_\_\_\_\_
7. Seating capacity: Dining Room: \_\_\_\_\_ Bar: \_\_\_\_\_ Patio: \_\_\_\_\_ Total: \_\_\_\_\_
8. Cooking Equipment:
- |                            |                   |
|----------------------------|-------------------|
| # of deep fat fryers _____ | # of ranges _____ |
| # of broilers _____        | # of ovens _____  |
| # of grills _____          | Other: _____      |
9. Auto extinguishing system? ☐ Yes ☐ No
10. UL300 system? ☐ Yes ☐ No
11. Has required fuel shutoffs? ☐ Yes ☐ No
12. Covers all cooking and ventilation equipment? ☐ Yes ☐ No
13. Is Applicant compliant with both NFPA Standard #96 and UL300 Standard? ☐ Yes ☐ No
14. Frequency of hood cleaning: \_\_\_\_\_
15. Frequency of duct work cleaning: \_\_\_\_\_
16. Professional hood and duct service firm used? ☐ Yes ☐ No
- Name: \_\_\_\_\_
17. Refrigeration maintenance agreement in place? ☐ Yes ☐ No
- Name: \_\_\_\_\_
18. Contract pest control services? ☐ Yes ☐ No
19. Any health code violations in last 3 years? ☐ Yes ☐ No
20. Employees trained in PR, Heimlich maneuver and alcohol awareness (TIPS)? ☐ Yes ☐ No

9. Other Operations/Exposures (check all that apply):

**Operations**

☐ Boats

☐ Boat Docks/Slips

☐ Clubhouses (including exercise rooms)

☐ Fuel sales

☐ Golf Course

☐ Lake

☐ Parks

☐ Playgrounds

☐ Saddle Animals

☐ Shooting range (archery/skeet/trap)

☐ Ski Lifts/tows

☐ Sport Parks/Courts:

☐ Swimming/Spas/Saunas/Beaches:

Eligibility Questions:

a) Swimming pool rules posted?

☐ Yes ☐ No

b) Depths of pool markings clearly visible?

☐ Yes ☐ No

c) Outdoor pools fenced with self-latching gate or enclosed by building structure with no direct access to roadways or parking areas?

☐ Yes ☐ No

d) Is life-safety equipment available at pool side?

☐ Yes ☐ No

e) Certified lifeguard on duty?

☐ Yes ☐ No

**Additional Information**

Number of boats: Sail: \_\_\_\_\_ Power: \_\_\_\_\_

Canoe: \_\_\_\_\_ Rowboat: \_\_\_\_\_

Other (describe): \_\_\_\_\_

Number of docks: \_\_\_\_\_ Number of slips: \_\_\_\_\_

Number: \_\_\_\_\_ Square footage: \_\_\_\_\_

Gallons sold per year: \_\_\_\_\_

Gross annual sales: \$ \_\_\_\_\_

Number of acres: \_\_\_\_\_

Number of acres: \_\_\_\_\_

Number of playgrounds: \_\_\_\_\_

Number: \_\_\_\_\_ Type of animal(s): \_\_\_\_\_

Number: \_\_\_\_\_ Type of range(s): \_\_\_\_\_

Number of lifts: \_\_\_\_\_ Number of tows: \_\_\_\_\_

Number of:

Baseball parks: \_\_\_\_\_ Shuffleboard courts: \_\_\_\_\_

Basketball courts: \_\_\_\_\_ Tennis courts: \_\_\_\_\_

Racquetball courts: \_\_\_\_\_ Volleyball courts: \_\_\_\_\_

Other (describe): \_\_\_\_\_

Number of:

Indoor Pools: \_\_\_\_\_ Number: \_\_\_\_\_

Outdoor Pools (In-ground): \_\_\_\_\_ Number: \_\_\_\_\_

Outdoor Pools (Above-ground): \_\_\_\_\_ Number: \_\_\_\_\_

Saunas: \_\_\_\_\_ Number: \_\_\_\_\_

Spas/hot tubs: \_\_\_\_\_ Number: \_\_\_\_\_

Bathing Beaches (Ocean beach): \_\_\_\_\_ Number: \_\_\_\_\_

Bathing Beaches (Lake/river beach): \_\_\_\_\_ Number: \_\_\_\_\_

Diving boards: Height: \_\_\_\_\_ ft. Number: \_\_\_\_\_

Slides: Height: \_\_\_\_\_ ft. Number: \_\_\_\_\_

Rafts: \_\_\_\_\_ Number: \_\_\_\_\_

Platforms: \_\_\_\_\_ Number: \_\_\_\_\_

Other (describe): \_\_\_\_\_ Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Trails

Number of bike trail les: \_\_\_\_\_ Number of horse trail  
miles: \_\_\_\_\_

Other (describe): \_\_\_\_\_

☐ Additional recreational facilities or operations of  
the Insured or others on the premises:

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**10. Security:**

a) Are employees required to wear ID badges at all times? ☐ Yes ☐ No

b) Do room doors have viewing devices (peep holes)? ☐ Yes ☐ No

c) Do room doors have deadbolt locks and door chains? ☐ Yes ☐ No

d) Do room doors have electric locks (key card access)? ☐ Yes ☐ No

e) Are there deadbolt locks on adjoining rooms? ☐ Yes ☐ No

f) Are there security bars or poles on sliding glass doors? ☐ Yes ☐ No

g) Are guest names and room numbers released to others? ☐ Yes ☐ No

h) Do rooms contain security instructions for guests? ☐ Yes ☐ No

i) Is there CCTV monitoring of parking and entrances? ☐ Yes ☐ No

j) Are there security guards? ☐ Yes ☐ No

If yes: Number of employed security guards: \_\_\_\_\_ Armed: \_\_\_\_\_ Unarmed: \_\_\_\_\_

Number of contracted security guards: \_\_\_\_\_ Armed: \_\_\_\_\_ Unarmed: \_\_\_\_\_

**10.** Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to  
power companies? ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

**12.** Does applicant have any other business ventures for which coverage is not being requested? ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

13. Does the risk have a property maintenance plan in place (e.g., routine updates, roof annually inspected)?

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

14. Was the building originally constructed as a hotel/motel? ☐ Yes ☐ No

If no, please verify:

- The type of business building was constructed for:
- When the most recent updates were made to the: Electrical: Heating: Plumbing:  
Roof:

15. Does the hotel have an auto exposure? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
PRODUCER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE